ANTIBIOGRAM FOR SELECT BACTERIA OF PUBLIC HEALTH AND CLINICAL IMPORTANCE ISOLATED BY CLINICAL LABORATORIES IN MONTANA 2010

The efficacy of antimicrobial drug therapy is compromised by the emergence and spread of microbes that are resistant to economical, safe, and effective first-line drugs. Antimicrobial susceptibility data generated from testing isolates from individual patients can be very helpful to clinicians, infection control personnel, epidemiologists, and pharmacists if cumulative data from these tests are compiled and presented in a clear and consistent manner.

Twenty seven Laboratories from across Montana provided aggregate antimicrobial susceptibility data from testing performed January 1, 2010 through December 31, 2010 to the Montana Department of Public Health and Human Services (DPHHS). The data were compiled to create a statewide antibiogram using the methodology described by the Clinical and Laboratory Standards Institute, in Document M39-A3, "Analysis and Presentation of Cumulative Antimicrobial Susceptibility Test Data; Approved Guideline". Specific recommendations implemented from this document include:

include only final, verified test results include only diagnostic isolates (not surveillance isolates) eliminate duplicates by including only the first isolate of species include only antimicrobial agents routinely tested (not supplemental agents) report percent susceptible (do not include percent intermediate)

The cumulative state antibiogram is presented to provide Montana clinicians and public health practitioners with data to track antimicrobial susceptibility patterns, raise awareness of antimicrobial resistance, and to identify opportunities to reduce inappropriate antimicrobial usage. These data are intended for surveillance purposes only and should not be used as the primary basis for determining antimicrobial therapy for individual patients.

The tables below summarize the susceptibility patterns for select bacteria of public health and clinical importance.



			penicillins		folate inhibitor	ansamycin	glycopeptide	tetracycline	oxazolidone	lipopeptide	streptogramin	carbapenem	ceph	nems	(quinolone	S		macrolide	lincosamide
2010 Gram Positive Isolates	# of isolates all sources	Penicillin	Ampicillin	Oxacillin	Trimethoprim- Sulfamethoxazole	Rifampin	Vancomycin	Tetracycline	Linezolid	Daptomycin	Quinupristin- Dalfopristin	Meropenem	Cefotaxime	Ceftriaxone	Levoflaxacin	Moxifloxacin	Ofloxacin	# of isolates non-urine sources	Erythromycin	Clindamycin
			Percent Susceptible									% Susceptible								
S. aureus	7043	(5633) 11%		(7018) 64 %	(7043) 99 %	(6335) 99%	(7043) 100 %	(6890) 95 %	(4748) 100 %	(792) 60 %								2455	(1555) 62 %	(2177) 80 %
S. pneumoniae	457	(366) 78 %			(283) 69 %		(394) 100 %	(371) 77 %				(116) 86 %	(205) 92 %	(239) 91 %	(288) 89 %	(151) 96 %	(106) 96%	243	(356) 62 %	
Enterococcus spp	735	(408) 94 %	(704) 93 %				(709) 96 %		(491) 99 %	(92) 98 %										
E.faecalis	1853	(1853)	(1780)				(1853)		(1204)	(204)	(326)									

96%

(134)

89%

99%

4%

99%

(183)

54%

96%

(183)

19%

183

E. faecium

97%

(183)

20%

MONTANA 2010 ANTIBIOGRAM



These data represent the results of individual cultures, not patient infections, and should not be used for the determination of therapy for individual patients.

This antibiogram reflects data submitted by 27 clinical laboratories in Montana. Data collection: January 1 through December 31, 2010.

		am	iinoglycosi	ide	b-lact	am/b-lact	amase inh					cephems				quinol	ones	Ca	arbapenem	s	folate inhibitor	peni	icillins
2010 Gram Negative Isolates	# of isolates all sources	Gentamicin	Tobramycin	Amikacin	Amoxicillin- Clavulanic Acid	Ampicillin-Sulbactam	Piperacillin- Tazobactam	Ticarcillin-Clavulanic Acid	Cefazolin	Cefuroxime	Cefepime	Ceftazidime	Cefotetan	Cefoxitin	Cefotaxime or Ceftriaxone	Ciproflaxacin	Levoflaxicin	Ertapenem	Imipenem	Meropenem	Trimethoprim- Sulfamethoxazole	Pipercillin	Ampicillin
		Percent susceptible																					
E. coli	14404	(14322) 94 %	(9712) 95 %	(9308) 100 %	(6145) 88 %	(6934) 68%	10061 97 %	(1710) 94 %	(13851) 94%	(1677) 93 %	(11588) 98%		(1136) 99%	(6017) 95 %	(13449) 97 %	(13919) 87%	(8870) 87 %	(10210) 100%	(14035) 100%	(1241) 100%	(14404) 81 %	(4943) 83 %	(14404) 60 %
K. pneumoniae	2846	(2747) 98 %	(1667) 98%	(1776) 99 %	(1199) 88 %	(1447) 90 %	(2503) 97 %	(413) 98 %	(2798) 95%	(502) 93 %	(2333) 98 %		(106) 99 %	(1091) 95 %	(2685) 98%	(2736) 97 %	(1548) 97 %	(1386) 100 %	(2714) 100%	(197) 100 %	(2846) 94 %	(308) 26 %	(2400) 10 %
Proteus spp.	733	(711) 92 %	(438) 93 %	(483) 99 %	(140) 99 %	(358) 83 %	(648) 98%		(723) 85 %		(561) 95 %			(398) 94 %	(684) 95 %	(730) 80 %	(473) 80 %	(335) 100 %	(336) 90 %		(703) 73 %		(500) 74 %
P. aeruginosa	1621	(1621) 83 %	(1018) 95 %	(1158) 94 %			(1524) 95 %				(1381) 91 %	(1040) 92 %				(1559) 78 %	(916) 71 %		(1411) 91 %				

ISOLATES FROM URINE ONLY



			quinolones		Nitrofurantoin	Tetracycline				
2010 Gram Positive Isolates	# of isolates urine only	Ciprofloxacin	Levofloxacin	Norfloxacin	Nitrofurantoin	Tetracycline				
		Percent susceptible								
			reiteilt	susceptii	JIC .					
S. aureus	285		reiteilt	susceptii	(281) 97%					
S. aureus Enterococcus spp	285	(318) 86%	(310) 97%	(105) 94%	(281)	(124) 21%				
			(310)	(105)	(281) 97% (295)					

		шецдео	quinolone	Nitrofurantoin	folate pathway inhibitor				
2010 Gram Negative Isolates	# of isolates urine only	Cephalothin	Norfloxacin	Nitrofurantoin	Trimethoprim				
		Percent susceptible							
E. coli	6082	(919) 66%	(549) 92%	(6001) 95%	(892) 79%				
K. pneumoniae	1023	(181) 86%		(1013) 44%	(171) 93%				
Proteus spp.	166			(78) 27%					
P. aeruginosa	50		(50) 89%						

These data represent the results of individual cultures, not patient infections, and should not be used for the determination of therapy for individual patients. This antibiogram reflects data submitted by 27 clinical laboratories in Montana. Data collection: January 1 through December 31, 2010.